

**STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
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**TESTIMONY FROM THE OFFICE OF THE CHILD ADVOCATE
TO THE PUBLIC HEALTH COMMITTEE, February 22, 2023**

Senator Anwar, Representative McCarthy Vahey, Senator Somers, Representative Klarides-Ditria, and other members of the Education and Appropriations Committees, this testimony is being submitted on behalf of the Office of the Child Advocate (“OCA”), an independent state oversight agency. The obligations of the OCA are to review, investigate, and make recommendations regarding how our publicly funded state and local systems meet the needs of vulnerable children.

S.B. No. 957 (RAISED) AN ACT CONCERNING THE OVERSIGHT OF HEALTH CARE IN CORRECTIONAL INSTITUTIONS BY THE DEPARTMENT OF PUBLIC HEALTH.

The OCA strongly supports this bill which would increase oversight of and heighten the standard of care for delivery of health, including mental health, care services to individuals confined within the Department of Corrections’ facilities. As the Committee knows, the OCA is statutorily charged to review conditions of confinement for detained and incarcerated youth throughout the state aged 15 to 21. Following OCA’s baseline report in 2019, which report found significant concerns regarding conditions for minor boys at the DOC’s Manson Youth Institution, the United States Department of Justice launched its own investigation of conditions in the facility. After concluding a two year investigation, the DOJ announced in December 2021:

The Department’s investigation concluded that there is reasonable cause to believe that Manson’s isolation practices and inadequate mental health services seriously harm children, under age 18, and place them at substantial risk of serious harm. In addition, Manson fails to provide adequate special education services to children with disabilities. These violations are pursuant to a pattern or practice of resistance to the full enjoyment of rights protected by the Constitution and federal law.

“Children in adult correctional facilities do not forfeit their constitutional and federal rights,” said Assistant Attorney General Kristen Clarke of the Justice Department’s Civil Rights Division. “Our investigation uncovered systemic evidence that children are deprived of the mental health and special education services they need to become productive, successful adults. When children misbehave, Manson frequently subjects

them to harmful periods of isolation, despite evidence that children are uniquely vulnerable to the traumatic and lasting damage isolation causes. The Civil Rights Division is committed to protecting the constitutional rights of children in correctional facilities to ensure they have access to the resources these facilities are legally required to provide.”

The DOJ made sweeping findings that basic conditions in the facility, including inadequate mental health assessment and service delivery, inadequate programming, and inadequate educational services, violate children’s constitutional rights. The DOJ remains in settlement negotiations with the State of Connecticut to resolve the civil rights violations.

OCA is currently working on our next report (our third), which will include additional focus on conditions for young adults age 18 to 21 across several DOC facilities. OCA continues to identify significant concerns including: the inadequacy of rehabilitative programming, group and individual mental health treatment; educational services for students with disabilities; and the use of restrictive housing, restraint, behavioral observation status, and use of chemical agent, particularly for young people with the most significant mental health and special education needs.

Encapsulating concerns about lack of adequate mental health care for young people as of December 2022:

- **The DOC had 489 youth and young adults age 15 to 22 in custody.**
- **Only 32 of the 489, just over 6%, were classified by DOC as requiring bi-weekly scheduled individual therapy (Mental Health Score of 4, just shy of needing infirmary level care).**
- **302 out of 489 youth and young adults were classified by the DOC as not needing any regularly scheduled therapy (Mental Health Scores of 1 and 2).**

OCA has encountered multiple young people age 18 to 21 who present with significant needs but who receive little or no regular treatment and programming, and who are subject instead to prolonged isolation, use of force, including chemical agent. Information summarized below is obtained from DOC health and disciplinary records:

- 21 year old, J. took “orange pills.” J flooded his cell, covered the window, and reported that he was suicidal. He said he was upset about loss of phone calls. Chemical agent was used in response. J was determined to be unresponsive and was brought to the emergency room, where he remained overnight. The hospital discharge report indicated that the pills were taken with the intention of self-harm. When he returned to DOC, he was returned to his unit, without being seen by medical or mental health staff. He was placed on observation status and put in in-cell restraints (hands, wrists, and ankles) for a period of time (records unclear). For his behavior--covering his window, flooding his cell and taking pills while feeling suicidal--he was given four disciplinary tickets and received a total of 8 days in isolation, 45 days of loss of recreation, 30 days of loss of visits, 30 days of loss of social correspondence. His mental health score at the time required scheduled contact with a mental health provider only once per month.

- 19 year old K. returned from an overnight stay at the hospital after collapsing following apparent fentanyl ingestion. Per hospital discharge instructions, K received nebulizer treatment for asthma upon his return to DOC. He requested to see a mental health worker. K was directed to return to his cell first. When he refused, again saying he wanted to see mental health, chemical agent was deployed and he was placed in in-cell restraints. K was also identified as only needing regular mental health care once per month.
- 20 year old D. is diagnosed with schizoaffective disorder and spent 3 months in the prison infirmary due to significant decompensation following placement in punitive segregation. Following stabilization, he was transferred to a mental health unit, but was repeatedly placed back in punitive segregation. In May, a clinician determined that he should not be placed in punitive segregation due to risk of decompensation. He was transferred to Administrative Segregation (also restrictive housing), where he remained for approximately six months, with several subsequent returns to punitive segregation. There are no entries on his activity log and records indicate that he did not complete any programs in 2022. He is listed as being enrolled in Academic Education Grade 5-8. He was discharged to the community with no documented discharge planning in his record to ensure connection with mental health services.

OCA has discussed various aspects of these individual and systemic mental health concerns with DOC officials throughout the last year. OCA conducts individual advocacy on behalf of youth whenever possible and within available resources.